COMMONWEALTH OF KENTUCKY SCHEDULE OF INSURER FEES, TAXES AND DEPOSITS

Section I – Fees

<u>FEES FOR ADMISSION</u> – (due at time of application)

	Foreign Insurers	Domestic Insurers
Original Certificate of Authority	\$ 500.00	\$ 500.00
Filing Charter Documents (Articles and Bylaws)	100.00	100.00
Filing Annual Statement	100.00	
Total Admission Fees	\$ 700.00	\$ 600.00

<u>ANNUAL RENEWAL FEES</u> – (due March 1)

	Foreign Insurers	Domestic Insurers
Filing Annual Statement	\$ 100.00	\$ 100.00
Renewal of Certificate of Authority	100.00	100.00
Audited Financial Statement	100.00	100.00
Quarterly Statements	N/A	300.00
		
Total Renewal Fees	\$ 300.00	\$ 600.00

<u>MISCELLANEOUS FILING FEES</u> – (due at time of filing)

Amended Certificate of Authority	\$ 50.00
Amended Articles of Incorporation	50.00
Amended Bylaws	50.00
Miscellaneous Filings	5.00

COMMONWEALTH OF KENTUCKY SCHEDULE OF INSURER FEES, TAXES AND DEPOSITS

Section II – Taxes

PREMIUM TAXES – (due March 1)

Please refer to KRS 136.320 thru 410 for state premium taxes. All state premium taxes must be forwarded, by March 1, to the Kentucky Department of Revenue, P. O. Box 1301, Frankfort, KY 40602-1303. For municipal premium taxes, please refer to KRS 91A-080 and contact Kentucky Office of Insurance, P. O. Box 517, Frankfort, KY 40602-0517.

Section III – Deposits – (in place at time of admission)

For Life & Health, Property & Casualty, Title(both foreign and domestic)

A deposit in the state of domicile \$1,000,000 for the benefit of **all** policyholders

For Limited Health Service Organizations(both foreign and domestic)

A deposit in Kentucky \$ 50,000

For Health Maintenance Organizations(both foreign and domestic)

A deposit in Kentucky \$ 500,000

Section IV – Minimum Capitalization Required for Admission – (in place at time of admission)

Life & Health, Health Maintenance Organization, Property & Casualty, Title

Stock Company

Paid Up Capital	\$1,000,000
Unimpaired Surplus	2,000,000

Total Surplus to policyholders \$3,000,000 Including capital stock

Mutual Company

Unimpaired Surplus \$3,000,000

COMMONWEALTH OF KENTUCKY SCHEDULE OF INSURER FEES, TAXES AND DEPOSITS

Limited Health Service Organization

Net Worth \$ 250,000

NOTE: Kentucky is a retaliatory state and all fees, premium taxes, deposits will be charged at the rate in Kentucky Law or the rate charged by the domiciliary state, whichever is higher.

Contact:

If you have any questions or need assistance, please contact Financial Standards and Examination Division at 502/564-6082, Fax number 502/564-4604 or email Janet.Klapheke@ky.gov.

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